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CONFIRMATION NO. 9312

<b>SERIAL NUMBER</b> 10/717,687	<b>FILING OR 371(c) DATE</b> 11/20/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 4002-3111/PC817.00
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 09/943,441 08/30/2001 ABN which is a CIP of 09/650,525 08/30/2000 PAT 6,620,196 *OK*  
 This application 10/717,687  
 is a CIP of 10/459,630 06/11/2003 ABN  
 which is a CON of 09/650,525 08/30/2000 PAT 6,620,196 *OK AS.*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*none AS.*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 03/08/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>AS.</i>	<b>STATE OR COUNTRY</b> TN	<b>SHEETS DRAWING</b> 23	<b>TOTAL CLAIMS</b> 58	<b>INDEPENDENT CLAIMS</b> 5
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**ADDRESS**  
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**TITLE**  
 Method and apparatus for delivering an intervertebral disc implant

<b>FILING FEE RECEIVED</b> 1826	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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